

Foster Family Home - Corrective Action Report

Provider ID: 1-110039

Home Name: Rosemarie Vida, RN

Review ID: 1-110039-3

94-720 Kamalo Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 4/21/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. PCG requests to increase to a 3 client CCFFH. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date